

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	62607	2-19-50
O.I.P.E. CLASSIFIER		25	3-23-50
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		6-16-54	3-23

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 (Through numeral)..... Canceled
 Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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